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| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|--|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Joseph First name William Middle name Rezek Last name and Suffix (Sr., Jr., II, III) | Felicia First name Ann Middle name Rezek Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | Felicia A. England |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-6159 | xxx-xx-2069 |

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Debtor 1 Joseph William Rezek
Debtor 2 Felicia Ann Rezek

Case number (if known)

| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|---|---|--|--|--|--|
| | | ■ I have not used any business name or EINs. Business name(s) EINs | ■ I have not used any business name or EINs. Business name(s) EINs | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | |
| 3. | where you live | 716 South Weber Road Romeoville, IL 60446 Number, Street, City, State & ZIP Code Will County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. □ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |

Case 17-37937 Doc 1 Filed 12/22/17 Entered 12/22/17 14:40:32 Desc Main Page 3 of 57 Document Joseph William Rezek Debtor 1 Debtor 2 Felicia Ann Rezek Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ■ No. bankruptcy within the last 8 years? ☐ Yes. When Case number District District When Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When Case number, if known District Debtor Relationship to you

11. Do you rent your residence?

□ No.

Go to line 12.

District

Yes.

Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Case number, if known

When

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Debtor 1 Joseph William Rezek

| Deb | tor 2 Felicia Ann Rezek | K | | | Case number (if known) | |
|-----|---|---|----------------|--------------------------------------|---|--|
| | | | | | | |
| Par | Report About Any Bu | ısinesses | You Owr | as a Sole Proprie | tor | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | |
| | | ☐ Yes. | Name | and location of bus | siness | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | e of business, if any | | |
| | If you have more than one sole proprietorship, use a | | Numb | oer, Street, City, Sta | te & ZIP Code | |
| | separate sheet and attach it to this petition. | | Chec | k the appropriate bo | ox to describe your business: | |
| | | | | Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | |
| | | | | Stockbroker (as d | lefined in 11 U.S.C. § 101(53A)) | |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | |
| | | | | None of the above | е | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropria deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedu in 11 U.S.C. 1116(1)(B). | | | | |
| | For a definition of small | ■ No. | I am ı | not filing under Chap | oter 11. | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am t Code | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | |
| | | ☐ Yes. | I am f | iling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | |
| Par | t 4: Report if You Own or | Have Any | / Hazardo | ous Property or An | y Property That Needs Immediate Attention | |
| 14. | Do you own or have any | ■ No. | | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is | the hazard? | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | diate attention is why is it needed? | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where i | s the property? | Number, Street, City, State & Zip Code | |
| | | | | | | |

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Debtor 1 Joseph William Rezek
Debtor 2 Felicia Ann Rezek

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-37937 Doc 1 Filed 12/22/17 Entered 12/22/17 14:40:32 Desc Main Document Page 6 of 57

Joseph William Rezek Debtor 1 Debtor 2 Felicia Ann Rezek Case number (if known) Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under ☐ No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50.000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **□** \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10.000.000.001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 □ \$10,000,001 - \$50 million to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **□** \$100,001 - \$500,000 □ \$100.000.001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Joseph William Rezek /s/ Felicia Ann Rezek Joseph William Rezek Felicia Ann Rezek Signature of Debtor 1 Signature of Debtor 2 Executed on November 9, 2017 Executed on November 9, 2017 MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Joseph William Rezek
Debtor 2 Felicia Ann Rezek

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /S/ XIaomii | NG WU ARDC | Date | November 9, 2017 |
|-------------------------|------------------------|---------------|------------------------|
| Signature of | Attorney for Debtor | | MM / DD / YYYY |
| Xiaoming | Wu ARDC #6274335 | | |
| | Vu & Borges, LLC | | |
| 105 W. Ma 23rd Floor | | | |
| Chicago, I | L 60602 | | |
| | City, State & ZIP Code | | |
| Contact phone | 312-853-0200 | Email address | notice@billbusters.com |
| #6274335 | | | |
| Bar number & St | tate | | |

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| | | Docume | ent Page 8 of 57 |
|--------------------|--------------------------|-------------------|------------------|
| Fill in this infor | mation to identify your | case: | |
| Debtor 1 | Joseph William R | ezek | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Felicia Ann Rezel | (| |
| Spouse if, filing) | First Name | Middle Name | Last Name |
| Jnited States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |
| Case number _ | | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | | Your as | ecote |
|-----|--|--------------|-------------------------------|
| | | | of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 37,040.91 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 37,040.91 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 29,336.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 59,415.01 |
| | Your total liabilities | \$ | 88,751.01 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,866.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,778.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sch | nedules. |
| 7. | Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a bousehold purpose "11 LLS C. & 101(8). Fill out lines 8-90 for statistical purposes 28 LLS C. & 159 | | |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Joseph William Rezek
Debtor 2 Felicia Ann Rezek

Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

5,492.92

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total clair | n |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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| | | BC 11-31331 | Documen | | | sc Main |
|----------------------------|---|--|--|--|--|---|
| Fill in | this informa | ation to identify your | case and this filing: | Paue 10 (II:)7 | | |
| Debto | r 1 | Joseph William F | Rezek | | | |
| | | First Name | Middle Name | Last Name | | |
| Debto | r 2 | Felicia Ann Reze | k | | | |
| Spouse | e, if filing) | First Name | Middle Name | Last Name | | |
| Jnited | d States Banl | kruptcy Court for the: | NORTHERN DISTRICT OF | ILLINOIS | | |
| Case | number | | | | | ☐ Check if this is an amended filing |
| Offic | cial For | m 106A/B | | | | |
| Sch | redule | A/B: Prop | nertv | | | 12/15 |
| nink it Iforma nswei | fits best. Be ation. If more every questi | as complete and accura space is needed, attach on. | ate as possible. If two married a separate sheet to this form. | e. If an asset fits in more than o beople are filing together, both a On the top of any additional pag | re equally responsible for su | pplying correct |
| art 1: | Describe E | ach Residence, Building | g, Land, or Other Real Estate Y | ou Own or Have an Interest In | | |
| Do y | ou own or ha | ve any legal or equitabl | e interest in any residence, bui | lding, land, or similar property? | | |
| | lo. Go to Part 2 |) | | | | |
| _ | | | | | | |
| ЦΥ | es. Where is t | ne property? | | | | |
| art 2: | Describe Y | our Vehicles | | | | |
| | | | | | | |
| | lo | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | tility vehicles, motorcycles | | | |
| 3.1 | Make: V | olkswagen | Who has an interes | t in the property? Check one | Do not deduct secured cla | • |
| | Model: Je | etta | Debtor 1 only | | the amount of any secure Creditors Who Have Clair | |
| | | 015 | ☐ Debtor 2 only | | | |
| | Approximate | | Debtor 1 and Deb | ator 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Other informa | | | e debtors and another | | |
| [| Value per | NADA | | | | |
| | • | | Check if this is of (see instructions) | community property | \$15,350.00 | \$15,350.00 |
| | | | | | | |
| 3.2 | Make: C | hevrolet | Who has an interes | t in the property? Check one | Do not deduct secured cla | |
| | Model: E | quinox | ■ Debtor 1 only | | the amount of any secure Creditors Who Have Clair | |
| | | 016 | Debtor 2 only | | | |
| | Approximate | | 7000 Debtor 1 and Deb | otor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Other informa | | | e debtors and another | Forena | • |
| [| Value per | | | | | |
| | | | Check if this is o | community property | \$16,425.00 | \$16,425.00 |
| | | | | | | |

☐ Yes

| | Case 17- | 3/93/ DUCT | Pooumont | Dago 11 of 57 | 4.40.32 | Desc Main |
|---|--|--|--|--|------------------|---|
| Debtor 1 Debtor 2 | Joseph Willi Felicia Ann | | Document | Page 11 of 57 Case numb | oer (if known) | |
| | | | | om Part 2, including any entrie | | \$31,775.00 |
| | | onal and Household Items | | | | |
| Do you o | own or have any l | egal or equitable intere | est in any of the follow | ing items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| <i>Exam</i> _l □ No | hold goods and foles: Major appliants: Describe | furnishings nces, furniture, linens, ch | ina, kitchenware | | | |
| | | Loveseat, Entertain Table/Chairs, Pots | nment Center, Coffe /Pans, Dishes/Flatw | shings, including: Sofa, ee Table, End Tables, Dining rare, Vacuum, Coffee Maker e Cabinet, Desk & Chair, and | ·, | \$300.00 |
| □ No | oles: Televisions a | nd radios; audio, video, phones, cameras, medi | | oment; computers, printers, scanr | ners; music col | lections; electronic devices |
| | | 3 Televisions, DVD and 2 Cell Phones. | | Tablet, Video-Game Systen | n, | \$350.00 |
| Exam _l □ No | | figurines; paintings, prin ons, memorabilia, collec | | oks, pictures, or other art objects; | ; stamp, coin, o | or baseball card collections; |
| | | Books & Family Pi | ctures | | | \$0.00 |
| Exam _l | ment for sports and oles: Sports, photo musical instru | ographic, exercise, and o | ther hobby equipment; | bicycles, pool tables, golf clubs, s | skis; canoes an | d kayaks; carpentry tools; |
| | | Paintball gun, cam | era | | | \$175.00 |
| ■ No □ Yes I1. Cloth Exan □ No | nples: Pistols, rifles . Describe es | s, shotguns, ammunition othes, furs, leather coats | | | | |
| | | Necessary Wearing | g Apparel | | | \$60.00 |

Official Form 106A/B Schedule A/B: Property page 2

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| | Villiam Rezek nn Rezek | | Case number (if known) | |
|---|--|--|----------------------------------|---|
| 12. Jewelry Examples: Everyda □ No ■ Yes. Describe | | engagement rings, wedding rings, heirld | oom jewelry, watches, gems, go | ld, silver |
| | Engagement ring, | wedding bands | | \$500.00 |
| 13. Non-farm animals Examples: Dogs, c □ No ■ Yes. Describe | | | | |
| | Dog | | | \$0.00 |
| | lue of all of your entries fr | om Part 3, including any entries for p | | \$1,385.00 |
| Part 4: Describe Your F Do you own or have a | | est in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | | our home, in a safe deposit box, and on | hand when you file your petition | า |
| | | | Cash | \$120.00 |
| institutio □ No | g, savings, or other financia ons. If you have multiple acc | al accounts; certificates of deposit; share counts with the same institution, list each | | ouses, and other similar |
| Yes | | Institution name: | | |
| | 17.1. Checking | Chase Bank | | \$80.60 |
| | 17.2. Savings | Chase Bank | | \$0.00 |
| | 17.3. Checking | BMO Harris | | \$1.38 |
| | ds, or publicly traded stoo nds, investment accounts w | cks ith brokerage firms, money market acco | ounts | |
| Yes | Institution or is | ssuer name: | | |
| | Green Grow | / Stock | | \$56.37 |
| | | | | |

Official Form 106A/B

Case 17-37937 Doc 1 Filed 12/22/17 Entered 12/22/17 14:40:32 Desc Main Page 13 of 57 Document Joseph William Rezek Debtor 1 Felicia Ann Rezek Debtor 2 Case number (if known) 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each account separately. Type of account: Institution name: 401(k) Superior Ambulance 401(k) (Principal) \$1,054.56 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the

Official Form 106A/B Schedule A/B: Property page 4

portion you own?
Do not deduct secured claims or exemptions.

| | | Doc 1 | Filed 12/22/17 Document | Entered 12/22 Page 14 of 57 | 2/17 14:40:32 | Desc Main |
|----------------------|---|--------------|--------------------------------|---------------------------------------|------------------------|---------------------------------|
| Debtor 1 Debtor 2 | Joseph William Rezek Felicia Ann Rezek | | | Ca | ase number (if known) | |
| □ No | efunds owed to you . Give specific information abou | ut them, in | cluding whether you alre | ady filed the returns and | I the tax years | |
| | | Ant | icipated 2017 Federa Refund | I Income Tax | Federal | \$2,568.00 |
| ■ No | y support nples: Past due or lump sum ali . Give specific information | mony, spo | ousal support, child suppo | ort, maintenance, divorce | e settlement, property | settlement |
| Exam | amounts someone owes you nples: Unpaid wages, disability benefits; unpaid loans you. Give specific information | insurance | | efits, sick pay, vacation | pay, workers' compe | nsation, Social Security |
| Exam ■ No | sts in insurance policies nples: Health, disability, or life in . Name the insurance company | | | HSA); credit, homeowne Beneficiary | | nce Surrender or refund |
| If you some | nterest in property that is due are the beneficiary of a living tone has died. . Give specific information | you fron | | ed | | value: eive property because |
| Exam ■ No | s against third parties, wheth apples: Accidents, employment of a Describe each claim | | | | or payment | |
| ■ No | contingent and unliquidated . Describe each claim | claims o | f every nature, includin | g counterclaims of the | debtor and rights to | o set off claims |
| ■ No | nancial assets you did not al | ready list | | | | |
| | the dollar value of all of your Part 4. Write that number here | | | | | \$3,880.91 |
| Part 5: De | escribe Any Business-Related Pr | operty You | Own or Have an Interest | n. List any real estate in F | Part 1. | |
| ■ No. G | own or have any legal or equital to to Part 6. Go to line 38. | ole interest | in any business-related p | roperty? | | |

Official Form 106A/B Schedule A/B: Property page 5

Case 17-37937 Doc 1 Filed 12/22/17 Entered 12/22/17 14:40:32 Desc Main Page 15 of 57 Document Joseph William Rezek Debtor 1 Debtor 2 Felicia Ann Rezek Case number (if known) Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$31,775.00 Part 3: Total personal and household items, line 15 57. \$1,385.00 Part 4: Total financial assets, line 36 \$3,880.91 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00

\$0.00

Copy personal property total

\$37,040.91

Official Form 106A/B Schedule A/B: Property page 6

Part 7: Total other property not listed, line 54

62. Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$37,040.91

\$37,040.91

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| | | 17/7/11/11 | 30 1100 100 101 | |
|---------------------|--------------------------|-------------------|-----------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Joseph William R | Rezek | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Felicia Ann Reze | k | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| | Part 1: | Identify the | Property You | Claim as Exempt |
|--|---------|--------------|--------------|-----------------|
|--|---------|--------------|--------------|-----------------|

| 1. | Which set of exemptions are you claiming | Check one only | , even if | your spouse i | s filing v | vith y | you. |
|----|--|----------------|-----------|---------------|------------|--------|------|
|----|--|----------------|-----------|---------------|------------|--------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Current value of the Amount of the exemption you cle Schedule A/B that lists this property portion you own | | ount of the exemption you claim | Specific laws that allow exemption | |
|---|-------------------------------------|---------------------------------|---|-----------------------|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| Misc used household goods and furnishings, including: Sofa, Loveseat, Entertainment Center, Coffee Table, End Tables, Dining Table/Chairs, Pots/Pans, Dishes/Flatware, Vacuum, Coffee Maker, Bedroom Sets, Lamps, Bookshelf, File Cabinet, Desk & Chair, and Mi | \$300.00 | | \$300.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| 3 Televisions, DVD Player, Computer, Tablet, Video-Game System, and 2 Cell Phones. Line from Schedule A/B: 7.1 | \$350.00 | | \$350.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Books & Family Pictures Line from Schedule A/B: 8.1 | \$0.00 | | \$0.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(a) |
| Paintball gun, camera Line from Schedule A/B: 9.1 | \$175.00 | ■ | \$175.00 100% of fair market value, up to | 735 ILCS 5/12-1001(b) |

Entered 12/22/17 14:40:32 Case 17-37937 Doc 1 Filed 12/22/17 Desc Main Document Page 17 of 57 Joseph William Rezek Debtor 1 Felicia Ann Rezek Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Necessary Wearing Apparel** 735 ILCS 5/12-1001(a) \$60.00 \$60.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Engagement ring, wedding bands 735 ILCS 5/12-1001(b) \$500.00 \$500.00 Line from Schedule A/B: 12.1 П 100% of fair market value, up to any applicable statutory limit 735 ILCS 5/12-1001(b) Dog \$0.00 \$0.00 Line from Schedule A/B: 13.1 П 100% of fair market value, up to any applicable statutory limit Cash 735 ILCS 5/12-1001(b) \$120.00 \$120.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit Savings: Chase Bank 735 ILCS 5/12-1001(b) \$0.00 \$0.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit **Green Grow Stock** 735 ILCS 5/12-1001(b) \$56.37 \$56.37 Line from Schedule A/B: 18.1 100% of fair market value, up to any applicable statutory limit 401(k): Superior Ambulance 401(k) 735 ILCS 5/12-1006 100% \$1,054.56 (Principal) Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit Federal: Anticipated 2017 Federal 735 ILCS 5/12-1001(g)(1) Child \$2,568.00 \$1,000.00 **Income Tax Refund Tax Credit** Line from Schedule A/B: 28.1 100% of fair market value, up to any applicable statutory limit Federal: Anticipated 2017 Federal 735 ILCS 5/12-1001(g)(1) \$2.568.00 \$88.00 **Income Tax Refund Retirement Savings** Line from Schedule A/B: 28.1 100% of fair market value, up to **Contribution Credit** any applicable statutory limit Federal: Anticipated 2017 Federal 735 ILCS 5/12-1001(b) \$1,480.00 \$2.568.00 Income Tax Refund

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Line from Schedule A/B: 28.1

100% of fair market value, up to any applicable statutory limit

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| | | Document | Page 1 | 18 of 57 | | |
|---------------------------|-------------------------------|---|-----------------|-----------------------------------|--|-------------------|
| Fill in this informa | ation to identify you | r case: | | | | |
| Debtor 1 | Joseph William | Rezek | | | | |
| 200101 | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Felicia Ann Reze | ek | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bank | kruptcy Court for the: | NORTHERN DISTRICT OF IL | LINOIS | | | |
| | ,, | | | | | |
| Case number | | | | | | |
| (if known) | | | | | | t if this is an |
| | | | | | ameno | ded filing |
| Official Form | 106D | | | | | |
| | | Who Hove Claims | Cooura | od by Droporty | | 4045 |
| Schedule L | J: Creditors | Who Have Claims | Secure | ed by Propert | <u>y </u> | 12/15 |
| | | f two married people are filing togetl out, number the entries, and attach it | | | | |
| , , | ave claims secured by | vour proporty? | | | | |
| _ * | • | | | V | | |
| | | is form to the court with your other | r scnedules. | You have nothing else to | o report on this form. | |
| Yes. Fill in a | all of the information b | pelow. | | | | |
| Part 1: List All | Secured Claims | | | | | |
| 2. List all secured cl | laims. If a creditor has m | nore than one secured claim, list the cre | editor separate | ely Column A | Column B | Column C |
| | | a particular claim, list the other creditor al order according to the creditor's nan | | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| ——— | tile ciaillis ili aipilabetic | al order according to the creditor's han | ic. | value of collateral. | claim | If any |
| 2.1 Pnc Bank | | Describe the property that secures | the claim: | \$20,705.00 | \$15,350.00 | \$5,355.00 |
| Creditor's Name | | 2015 Volkswagen Jetta 460 Value per NADA | 00 miles | | | |
| Do Doy 249 | 00 | As of the date you file, the claim is: | Check all that | | | |
| Po Box 318 Pittsburgh, | - | apply. | | | | |
| | City, State & Zip Code | Contingent | | | | |
| Number, Street, C | oity, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | | |
| Who owes the deb | t? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | | ☐ An agreement you made (such as | mortgage or s | secured | | |
| Debtor 2 only | | car loan) | 0 0 | | | |
| Debtor 1 and Deb | tor 2 only | ☐ Statutory lien (such as tax lien, me | echanic's lien) | | | |
| _ | e debtors and another | ☐ Judgment lien from a lawsuit | , | | | |
| ☐ Check if this clai | m relates to a | ☐ Other (including a right to offset) | | | | |
| community debt | t | | | | | |
| | Opened | | | | | |
| | 05/15 Last | | | | | |
| | Active | | | | | |
| Date debt was incur | red 10/13/17 | Last 4 digits of account num | nber 9333 | <u> </u> | | |
| | | | | | | |
| 2.2 Td Auto Fir | nance | Describe the property that secures | | \$8,631.00 | Unknown | Unknown |
| Creditor's Name | | 2015 Jeep Compass 15000 | miles | | | |
| Po Box 922 | 02 | Value per NADA | | | | |
| Farmingtor | | As of the date you file, the claim is: | Check all that | | | |
| 48333 | | apply. Contingent | | | | |
| Number, Street, C | City, State & Zip Code | ☐ Unliquidated | | | | |
| | • | ☐ Disputed | | | | |
| Who owes the deb | t? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | ☐ An agreement you made (such as | mortgage or s | secured | | |
| Debtor 2 only | | car loan) | | | | |
| ☐ Debtor 1 and Deb | tor 2 only | ☐ Statutory lien (such as tax lien, me | echanic's lien) | | | |
| ☐ At least one of the | e debtors and another | ☐ Judgment lien from a lawsuit | | | | |

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| Debtor 1 | Joseph W | illiam Rezek | | Cas | e number (if know) | |
|-----------|--------------------------------|---|---|-------|--------------------|--|
| | First Name | Middle Na | ame Last Name | | | |
| Debtor 2 | Felicia An | n Rezek | | | | |
| | First Name | Middle Na | ame Last Name | | | |
| | if this claim re unity debt | lates to a | Other (including a right to offset) | | | |
| Date debt | was incurred | Opened 07/15 Last Active 2/03/17 | Last 4 digits of account number | 5678 | | |
| Add the | dollar value of | your entries in Co | olumn A on this page. Write that number | here: | \$29,336.00 | |
| | the last page of | | the dollar value totals from all pages. | | \$29,336.00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | Ou | 00 11 01001 B | Documen | t Page 20 |) of 57 | Desc Man |
|---------------------------------------|---|--|---|--|--|---|
| Fill in | this inform | nation to identify your c | | | | |
| Debto | or 1 | Joseph William Re | zek | | | |
| | | First Name | Middle Name | Last Name | | |
| Debto | | Felicia Ann Rezek | | | | |
| (Spouse | e if, filing) | First Name | Middle Name | Last Name | | |
| United | d States Bar | kruptcy Court for the: | NORTHERN DISTRICT O | F ILLINOIS | | |
| Case | number | | | | | |
| (if know | rn) | | | | | ☐ Check if this is an |
| | | | | | | amended filing |
| Offic | ial Form | 106E/F | | | | |
| | | | no Have Unsecur | ed Claims | | 12/15 |
| | | | | | Part 2 for creditors with NONPPIO | RITY claims. List the other party to |
| ichedu ichedu eft. Att ame a | ule G: Execut ule D: Credito ach the Cont and case num | ory Contracts and Unexpir ors Who Have Claims Secu tinuation Page to this page ober (if known). | red Leases (Official Form 106 red by Property. If more space . If you have no information (| G). Do not include a ce is needed, copy t | ontracts on Schedule A/B: Proper any creditors with partially secure he Part you need, fill it out, number lo not file that Part. On the top of a | d claims that are listed in er the entries in the boxes on the |
| Part 1 | | l of Your PRIORITY Uns | | | | |
| | _ | rs have priority unsecured | claims against you? | | | |
| | No. Go to Pa | art 2. | | | | |
| ∟ Part 2 | Yes. | Lof Vour NONDDIODITY | / Unacquired Claims | | | |
| | | of Your NONPRIORITY | | | | |
| _ | | rs have nonpriority unsecu | | | | |
| | I No. You hav | e nothing to report in this pa | rt. Submit this form to the court | with your other sche | dules. | |
| | Yes. | | | | | |
| un tha | secured claim | n, list the creditor separately | for each claim. For each claim | listed, identify what to | holds each claim. If a creditor has ype of claim it is. Do not list claims al three nonpriority unsecured claims f | ready included in Part 1. If more |
| | | | | | | Total claim |
| 4.1 | Bank Of | The West | Last 4 digits o | f account number | 9089 | \$25,107.00 |
| | Nonpriority | Creditor's Name | | | | |
| | 2527 Ca | mino Ramon | When was the | debt incurred? | Opened 02/17 Last Activ 10/26/17 | e |
| | | non, CA 94583 | | debt incurred: | 10/20/17 | |
| | | reet City State Zlp Code | As of the date | you file, the claim i | s: Check all that apply | |
| | | red the debt? Check one. | _ | | | |
| | Debtor | Ť | Contingent | | | |
| | Debtor | • | Unliquidated | d | | |
| | | 1 and Debtor 2 only | ☐ Disputed | | | |
| | | one of the debtors and anot | | RIORITY unsecured | ı cıaım: | |
| | ☐ Check debt | if this claim is for a comm | unity | | | |
| | | n subject to offset? | ☐ Obligations report as priorit | | ration agreement or divorce that you | aia not |
| | ■ No | - | Debts to pe | nsion or profit-sharin | g plans, and other similar debts | |
| | | | _ | Deficiency | on Repossessed/Surrende | red |
| | ☐ Yes | | Other. Spec | Vehicle Vehicle | | |

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| | Joseph William Rezek Felicia Ann Rezek | | Case number (if know) | | | |
|-----|---|--|--|------------|--|--|
| 4.2 | Chase Card | Last 4 digits of account number | 1087 | \$3,832.00 | | |
| | Nonpriority Creditor's Name Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850 Number Street City State Zlp Code | When was the debt incurred? As of the date you file, the claim i | Opened 07/14 Last Active 5/10/17 | V-7/ | | |
| | Who incurred the debt? Check one. | | | | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt | | d claim: | | | |
| | Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit Card | | | | |
| 4.3 | Chase Card Nonpriority Creditor's Name | Last 4 digits of account number | 4266 | \$1,105.00 | | |
| | Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850 | When was the debt incurred? | Opened 07/12 Last Active When was the debt incurred? 5/11/17 | | | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | Debtor 1 only | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin | | | | |
| | Yes | Other. Specify Credit Card | | | | |
| 4.4 | Chase Card/Disney Nonpriority Creditor's Name | Last 4 digits of account number | 9239 | \$3,108.00 | | |
| | Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850 | When was the debt incurred? | Opened 10/14 Last Active 1/27/17 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | d claim: | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Student loans Obligations arising out of a separeport as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | ☐ Yes | Other Specify Credit Card | <u> </u> | | | |

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| Debt | or 2 Felicia Ann Rezek | | Case number (if know) | | | | |
|------|---|--|---|---------------------------------------|--|--|--|
| 4.5 | Citi Bank/Best Buy Nonpriority Creditor's Name | Last 4 digits of account number | 5584 | \$2,272.88 | | | |
| | P.O.Box 6094 Sioux Falls, SD 57117 | When was the debt incurred? | 02/15/2017 | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharir | ng plans, and other similar debts | | | | |
| | ☐ Yes | Other Specify Credit card | or Credit Use | | | | |
| 4.6 | Citi Bank/Best Buy | Last 4 digits of account number | | \$1,483.95 | | | |
| | Nonpriority Creditor's Name P.O.Box 6094 | When was the debt incurred? | | · · · · · · · · · · · · · · · · · · · | | | |
| | Sioux Falls, SD 57117 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | ☐ Yes | ■ Other. Specify Credit card or Credit Use | | | | | |
| 4.7 | Citibank North America | Last 4 digits of account number | 3374 | \$1,483.00 | | | |
| | Nonpriority Creditor's Name Citicorp Credit Srvs/Centralized Bankrup | When was the debt incurred? | Opened 01/14 Last Active 7/01/17 | | | | |
| | Po Box 790040 Saint Louis, MO 63179 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecure | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separate of the state | | | | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharir | a plane, and other similar debts | | | | |
| | ■ No | | | | | | |
| | ☐ Yes | Other. Specify Credit Card | 1 | | | | |

Debtor 1 Joseph William Rezek

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| | Joseph William Rezek Felicia Ann Rezek | | Case number (if know) | | | | |
|----------|---|---|---|------------|--|--|--|
| 4.8 | Comenity Bank/Victoria Secret | Last 4 digits of account number | 2359 | \$947.00 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 | When was the debt incurred? | Opened 10/12 Last Active 11/01/16 | | | | |
| | Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. | | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Charge Acc | count | | | | |
| 4.9 | Discover Financial | Last 4 digits of account number | 3881 | \$1,711.00 | | | |
| | Nonpriority Creditor's Name Po Box 3025 New Albany, OH 43054 | When was the debt incurred? | Opened 11/12 Last Active 6/06/17 | | | | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | | | | | | |
| | Debtor 1 only | | | | | | |
| | ☐ Debtor 2 only | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | | | | | | |
| | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | | | | | |
| | No | Debts to pension or profit-sharin | a plane, and other similar debte | | | | |
| | ■ No □ Yes | Other. Specify Credit Card | | | | | |
| | | | | | | | |
| 4.1 0 | Discover Personal Loan Nonpriority Creditor's Name | Last 4 digits of account number | 1449 | \$6,181.00 | | | |
| | Attn: Bankruptcy Po Box 30954 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 11/15 Last Active 5/23/17 | | | | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | □ Debtor 2 only | | | | | | |
| | ☐ Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | d claim: | | | | | |
| | ☐ Check if this claim is for a community | the deplots and another | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Unsecured | | | | | |

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| | r 1 Joseph William Rezek r 2 Felicia Ann Rezek | | Case number (if know) | |
|-----|--|--|---|----------|
| 4.1 | Dupage Neonatology Associates | Last 4 digits of account number | 1962 | \$200.38 |
| | Nonpriority Creditor's Name P.O. Box 487 | When was the debt incurred? | | |
| | Hinsdale, IL 60522-0487 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | , | on one and apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | rration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Medical or | Dental services | |
| 4.1 | Edward Hospital | Last 4 digits of account number | 2568 | \$104.17 |
| | Nonpriority Creditor's Name PO Box 4207 Carol Stream, IL 60197-4207 | When was the debt incurred? | 1/5/2016 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| 4.1 | Edwards Hospital | Last 4 digits of account number | 9713 | \$174.89 |
| | Nonpriority Creditor's Name 801 S. Washington Blvd. Naperville, IL 60540 | When was the debt incurred? | 4/21/2016 | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | 3 | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Medical or | Dental services | |

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| Felicia Ann Rezek | | Case number (if know) | |
|--|--|---|-----------------|
| Kohls/Capital One | Last 4 digits of account number | 9500 | \$1,003.00 |
| Nonpriority Creditor's Name | | | |
| Kohls Credit | When we the debt in surred? | Opened 04/13 Last Active | |
| Po Box 3043 Milwaukee, WI 53201 | When was the debt incurred? | 8/31/15 | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| ■ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharir | ng plans, and other similar debts | |
| ☐ Yes | ■ Other Specify Charge Ac | | |
| — 163 | Other. Specify Official 90 713 | | |
| Med Business Bureau | Last 4 digits of account number | 2023 | \$176.00 |
| Nonpriority Creditor's Name | | | 4.1.0.00 |
| 1460 Renaissance Dr #400 Park Ridge, IL 60068 | When was the debt incurred? | Opened 03/16 | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | • | , | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharir | og plans, and other similar debts | |
| ■ NO | · | Attorney Dupage Valley Anes | |
| Yes | Other. Specify Ltd | Attorney Dupage Valley Alles | |
| Merchants Credit | Last 4 digits of account number | 0890 | \$2,516.00 |
| Nonpriority Creditor's Name | | | |
| 223 W Jackson Blvd Ste 700 | When was the debt incurred? | Opened 06/16 | |
| Chicago, IL 60606 | | | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Collection | Attorney Dupage Medical Group | |
| ** | — Onler. Opecity | · / · · · · · · · · · · · · · · · · · | |

Debtor 1 Joseph William Rezek

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| 2 Felicia Ann Rezek | | Case number (if know) | |
|--|--|--|------------|
| Merchants Credit Guide/Kohl's | | | ¢2 000 00 |
| Nonpriority Creditor's Name | Last 4 digits of account number | | \$2,000.00 |
| PO Box 1407 Elmhurst, IL 60126 | When was the debt incurred? | | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| ■ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Credit card | or Credit Use | |
| OneMain Financial | Last 4 digits of account number | 5671 | \$3,962.00 |
| Nonpriority Creditor's Name | | | *-, |
| Attn: Bankruptcy Department | W | Opened 04/16 Last Active | |
| 601 Nw 2nd St #300 Evansville, IN 47708 | When was the debt incurred? | 5/30/17 | |
| Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Secured | | |
| Physicians Immediate Care | Last 4 digits of account number | 1017 | \$92.74 |
| Nonpriority Creditor's Name PO Box 8799 | When was the debt incurred? | | V |
| Carol Stream, IL 60197-8799 | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| Debtor 1 only | Пол | | |
| Debtor 2 only | ☐ Contingent | | |
| _ | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| At least one of the debtors and another | Student loans | a Olamin | |
| ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | agreement of divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| □Yes | Other, Specify Medical or | Dental services | |

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| | | | 'illiam Rezek ın Rezek | | Case n | umber (_{if know}) | | |
|-------------------------------|---|---|---|--|----------------------------|--------------------------------------|---|-----------------------|
| ı • ı | - | - | "R" Us | Last 4 digits of account number | er 4158 | | | \$1,955.00 |
| | Ро Во | x 9650 | itor's Name 064 32896 | When was the debt incurred? | Oper 4/30/ | ned 06/15 La 17 | ast Active | |
| - | Number | Street C | City State ZIp Code he debt? Check one. | As of the date you file, the claim | m is: Check | all that apply | | |
| | Debt | or 1 only | / | ☐ Contingent | | | | |
| | ☐ Debt | or 2 only | / | ☐ Unliquidated | | | | |
| | ☐ Debt | or 1 and | Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At lea | ast one | of the debtors and another | Type of NONPRIORITY unsecu | red claim: | | | |
| | | ck if this | s claim is for a community | ☐ Student loans | | | | |
| | debt Is the cl | aim sub | ject to offset? | Obligations arising out of a se report as priority claims | paration ag | reement or divor | rce that you did not | |
| | ■ No | | • | Debts to pension or profit-sha | ring plans, | and other similar | r debts | |
| | ☐ Yes | | | ■ Other. Specify Credit Ca | rd | | | |
| | | | | | | | | |
| is tryir have n notifie | nis page on ng to col more that ed for any | only if y lect from n one co y debts | n you for a debt you owe to so reditor for any of the debts that in Parts 1 or 2, do not fill out o | bout your bankruptcy, for a debt tha meone else, list the original creditor you listed in Parts 1 or 2, list the ac r submit this page. | in Parts 1 Iditional cr | or 2, then list the editors here. If | he collection agency he | re. Similarly, if you |
| Dupag 1100 V Suite 4 | nd Addres ge Med W. 31st 400 ers Gro | ical G St. | roup | On which entry in Part 1 or Part 2 did y Line <u>4.16</u> of (<i>Check one</i>): | Part 1: | Creditors with Pr | riority Unsecured Claims onpriority Unsecured Clai | ms |
| DOWIN | ers Gre | ove, iL | | ast 4 digits of account number | | | | |
| | nd Addres | | | On which entry in Part 1 or Part 2 did y ine 4.15 of (<i>Check one</i>): | ☐ Part 1: | Creditors with Pr | riority Unsecured Claims | |
| | ee, IL 6 | 0118 | | | ■ Part 2: | Creditors with No | onpriority Unsecured Clai | ms |
| | | | <u> </u> | _ast 4 digits of account number | | | | |
| Midlan PO Bo | nd Addres nd Fund ox 603 PA 194 | ding L | | On which entry in Part 1 or Part 2 did y .ine <u>4.5</u> of (<i>Check one</i>): | ☐ Part 1: 0 | Creditors with Pr | riority Unsecured Claims onpriority Unsecured Clai | ms |
| Oaks, | FA 134 | +30 | ı | ast 4 digits of account number | 20 |)21 | | |
| Midlan PO Bo | | ding L | | On which entry in Part 1 or Part 2 did y ine 4.6 of (<i>Check one</i>): | ☐ Part 1: 0 | Creditors with Pr | riority Unsecured Claims onpriority Unsecured Clai | ms |
| Oaks, | PA 194 | 1 00 | l | _ast 4 digits of account number | 20 |)21 | | |
| Dort 4 | A -1 -1 | 41 4 | assumes for Fook Time of the | assumed Claims | | | | |
| | | unts of o | | ns. This information is for statistica | I reporting | purposes only. | . 28 U.S.C. §159. Add th | e amounts for each |
| | | | | | | То | tal Claim | |
| | | 6a. | Domestic support obligations | | 6a. | \$ | 0.00 | |
| | Total aims | | | | | | | |
| from Pa | | 6b. | Taxes and certain other debts | | 6b. | \$ | 0.00 | |
| | | 6c. | · · · · · · · · · · · · · · · · · · · | njury while you were intoxicated | 6c. | \$ | 0.00 | |
| | | 6d. | Other. Add all other priority unse | ecured claims. Write that amount here. | 6d. | \$ | 0.00 | |
| | | 6e. | Total Priority. Add lines 6a thro | ugh 6d. | 6e. | \$ | 0.00 | |

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Debtor 1 **Joseph William Rezek** Debtor 2 **Felicia Ann Rezek**

Case number (if know)

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 59,415.01 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 59,415.01 |

Official Form 106 E/F

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| | | DUGUITE | 111 Paue /9 01 37 | |
|---------------------|--------------------------|-------------------|-------------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Joseph William F | Rezek | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Felicia Ann Reze | k | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | whom you have the r, Street, City, State and ZIP | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | Oity | | Olato | Zii Oddo | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | | | <u> </u> | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |

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| | | Docume | nt Page 30 d | of 57 |
|-----------------------------|--|---|---------------------------|---|
| Fill in this | information to identify your | case: | | |
| Debtor 1 | Joseph William R | 070k | | |
| DCDIOI 1 | First Name | Middle Name | Last Name | |
| Debtor 2 | Felicia Ann Rezel | k | | |
| (Spouse if, filing | | Middle Name | Last Name | |
| United State | es Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case numb | or. | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| Sched Codebtors | filing together, both are equ | re also liable for any deb ally responsible for supp | lying correct informat | 12/15 as complete and accurate as possible. If two married tion. If more space is needed, copy the Additional Page, |
| | nd number the entries in the and case number (if known) | | | to this page. On the top of any Additional Pages, write |
| 1. Do y | you have any codebtors? (If | you are filing a joint case, o | do not list either spouse | e as a codebtor. |
| ■ No | | | | |
| ☐ Yes | | | | |
| Arizona — | in the last 8 years, have you a, California, Idaho, Louisiana, Go to line 3. | | | ry? (Community property states and territories include ington, and Wisconsin.) |
| ☐ Yes. | Did your spouse, former spou | use, or legal equivalent live | with you at the time? | |
| in line Form 1 out Co | 2 again as a codebtor only i 106D), Schedule E/F (Official Ilumn 2. Column 1: Your codebtor | f that person is a guarant Form 106E/F), or Schedt | or or cosigner. Make | r if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 06G). Use Schedule D, Schedule E/F, or Schedule G to fil |
| N | lame, Number, Street, City, State and ZI | P Code | | Check all schedules that apply: |
| 3.1 | | | | ☐ Schedule D, line |
| | Name | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| _ | bursh are Otracet | | | |
| | Number Street Dity | State | ZIP Code | |
| 2.2 | | | | Docksti Bro |
| 3.2 | Name | | | □ Schedule D, line □ Schedule E/F, line |
| | | | | ☐ Schedule E/F, line |
| | | | | |
| | Number Street | State | ZIP Code | |
| C | City | State | ZIP Code | |

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| De | btor 1 Joseph Wil | liam Rezek | | | |
|-----------|--|-----------------------------|---------------------------------------|------------------------|--|
| | btor 2 Felicia Ann | Rezek | | | |
| Un | ited States Bankruptcy Court for the | e: NORTHERN DISTRIC | CT OF ILLINOIS | | |
| Ca | se number | | | Check if this is | : |
| (If k | nown) | | _ | ☐ An amende | ed filing |
| | | | | | ent showing postpetition chapter as of the following date: |
| <u>O</u> | fficial Form 106l | | | MM / DD/ \ | /YYY |
| S | chedule I: Your Inc | ome | | | 12/15 |
| Pa | Describe Employment | | Debtor 1 | Debtor 1 | 2 or non-filing spouse |
| | information. | | ■ Employed | _ | 0 1 |
| | If you have more than one job, attach a separate page with | Employment status | ■ Employed □ Not employed | ■ Empl | oyed Imployed |
| | information about additional employers. | Occupation | Paramedic | | are Provider |
| | Include part-time, seasonal, or | Employer's name | Superior Ambulance | YMCA | ale Flovidei |
| | self-employed work. Occupation may include student or homemaker, if it applies. | Employer's address | 395 W. Lake St. Elmhurst, IL 60126 | 15120 | Wallin Drive eld, IL 60544 |
| | | How long employed t | here? 5 Years | | l Year |
| Pa | rt 2: Give Details About Mo | nthly Income | | | |
| | mate monthly income as of the ouse unless you are separated. | late you file this form. If | you have nothing to report for any | line, write \$0 in the | space. Include your non-filing |
| • | ou or your non-filing spouse have me space, attach a separate sheet to | | ombine the information for all empl | oyers for that perso | on on the lines below. If you need |
| | | | | For Debtor 1 | For Debtor 2 or non-filing spouse |

258.00

258.00

0.00

+\$

List monthly gross wages, salary, and commissions (before all payroll 5,299.00 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 Calculate gross Income. Add line 2 + line 3. 5,299.00

Official Form 106I Schedule I: Your Income page 1

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| | tor 1 tor 2 | Joseph William Rezek Felicia Ann Rezek | _ | | Cas | e number (<i>if k</i> | nown) | | | | |
|------|-----------------------|--|----------|-----------------|----------------|------------------------|----------------------|---------------------|------------------------|----------------------|--|
| | | | | | Fo | or Debtor 1 | | | r Debtor n-filing s | | |
| | Cop | y line 4 here | 4. | | \$_ | 5,29 | 9.00 | \$_ | | 258.00 | <u> </u> |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5 | a. | \$ | 1,32 | 3.00 | \$ | | 36.00 |) |
| | 5b. | Mandatory contributions for retirement plans | 51 | b. | \$ | | 0.00 | \$ | | 0.00 | _ |
| | 5c. | Voluntary contributions for retirement plans | 50 | c. | \$ | | 0.00 | \$ | | 0.00 | _ |
| | 5d. | Required repayments of retirement fund loans | 50 | d. | \$ | | 0.00 | \$ | | 0.00 | |
| | 5e. | Insurance | 56 | e. | \$ | 33 | 3.00 | \$ | | 0.00 | _ |
| | 5f. | Domestic support obligations | 5f | f. | \$ | | 0.00 | \$_ | | 0.00 | |
| | 5g. | Union dues | 5 | g. | \$ | | 0.00 | \$_ | | 0.00 | |
| | 5h. | Other deductions. Specify: | 5I | h.+ | \$_ | | 0.00 | + \$_ | | 0.00 | <u> </u> |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | 1,65 | 6.00 | \$_ | | 36.00 | <u> </u> |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 3,64 | 3.00 | \$_ | | 222.00 | <u>) </u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8: | a. | \$ | | 0.00 | \$ | | 0.00 | |
| | 8b. | Interest and dividends | | b. | \$ | | 0.00 | \$- | | 0.00 | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | t | с. | \$ | | 0.00 | \$ \$ | | 0.00 | _ |
| | 8d. | Unemployment compensation | 80 | d. | \$ | | 0.00 | \$ | | 0.00 | _ |
| | 8e. | Social Security | 86 | e. | \$ | | 0.00 | \$ | | 0.00 | |
| | 8f. 8g. 8h. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: Y.M.C.A. Employer | 81 89 | f. g. h.+ | \$ \$ \$ | | 0.00 0.00 0.00 | \$_ \$_ + \$_ | | 0.00 0.00 1.00 | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | | \$_ | - | 0.00 | \$_ | | 1.0 | 0 |
| | | | | | | | | | | | _ |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | 5 | | 3,643.00 | + 5 | | 223.00 | = 5 | 3,866.00 |
| 11. | Incli othe Do i | te all other regular contributions to the expenses that you list in Scheduloude contributions from an unmarried partner, members of your household, you are friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | r dep | | | . , | | | Schedule | e J. +\$ | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The re e that amount on the Summary of Schedules and Statistical Summary of Certailes | | | | | | | e. 12. | \$ | 3,866.00 |
| 13. | Do | you expect an increase or decrease within the year after you file this forn | n? | | | | | | ' | Combi month | ned ly income |
| . •• | | No. Yes, Explain: | - | | | | | | | | |

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| Debtor 1 Joseph William Rezek Check if this is: An amended filing | |
|--|--------------|
| | |
| Debtor 2 Felicia Ann Rezek | pter |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS MM / DD / YYYY | |
| United States Bankruptcy Court for the. NORTHERN DISTRICT OF ILLINOIS MINITOD / 1111 | |
| Case number (If known) | |
| Official Form 106J | |
| Schedule J: Your Expenses | 12/15 |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correctinformation. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. | |
| Part 1: Describe Your Household | |
| 1. Is this a joint case? □ No. Go to line 2. | |
| ■ Yes. Does Debtor 2 live in a separate household? | |
| ■ No | |
| ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses for Separate Household</i> of Debtor 2. | |
| 2. Do you have dependents? \square No | |
| Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent Dependent's relationship to Debtor 2. Dependent's age Does dependent live with you? | |
| Do not state the | |
| dependents names. Son 1 Yes | |
| □ No □ Yes | |
| | |
| | |
| □ No | |
| Yes | |
| 3. Do your expenses include expenses of people other than yourself and your dependents? ■ No Yes | |
| Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to repexpenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill is applicable date. | ort n the |
| Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.) Your expenses | |
| 4. The rental or home ownership expenses for your residence. Include first mortgage | |
| payments and any rent for the ground or lot. 4. \$ 1,591.00 | |
| If not included in line 4: | |
| 4a. Real estate taxes 4a. \$ 0.00 | |
| 4b. Property, homeowner's, or renter's insurance 4b. \$ 0.00 | |
| 4c. Home maintenance, repair, and upkeep expenses 4c. \$ 0.00 | |
| 4d. Homeowner's association or condominium dues 4d. \$ 0.00 5. Additional mortgage payments for your residence, such as home equity loans 5. \$ 0.00 | |

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| Joseph William Rezek Felicia Ann Rezek | Case num | ber (if known) | |
|---|---|--|--------------------------|
| 1 OHOIG AITH HOLEIN | Case nam | (II IGIOWII) | |
| ties: | _ | • | _ |
| · · · · · · · · · · · · · · · · · · · | | · | 250.00 |
| | | * | 70.00 |
| | | · - | 0.00 |
| | 6d. | * | 155.00 |
| | | * | 200.00 |
| , , , | 7. | \$ | 450.00 |
| dcare and children's education costs | | \$ | 0.00 |
| hing, laundry, and dry cleaning | 9. | \$ | 50.00 |
| onal care products and services | 10. | \$ | 40.00 |
| ical and dental expenses | 11. | \$ | 35.00 |
| sportation. Include gas, maintenance, bus or train fare. | 40 | • | 250.00 |
| | | • | 250.00 |
| | | | 0.00 |
| <u> </u> | 14. | \$ | 0.00 |
| rance. | | | |
| , , , | 45- | ¢ | 0.00 |
| | | * | 0.00 |
| | | · | 0.00 |
| | | · | 115.00 |
| | 15d. | \$ | 15.00 |
| sify: | 16. | \$ | 0.00 |
| | | • | |
| | | · | 397.00 |
| • • | | , | 0.00 |
| | | · | 0.00 |
| | | \$ | 0.00 |
| | | ¢ | 0.00 |
| | . 10. | · | |
| | 10 | > | 0.00 |
| · | | ur Incomo | |
| | | | 0.00 |
| | | · | 0.00 |
| | | · | 0.00 |
| • • | | · : ———— | 0.00 |
| | | * | |
| | | | 0.00 |
| | 21. | | 30.00 |
| | | · ——— | 80.00 |
| care | | +\$ | 50.00 |
| ulate your monthly expenses | | | |
| · · · · · · · · · · · · · · · · · · · | | \$ | 3,778.00 |
| Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| Add line 22a and 22b. The result is your monthly expenses. | | \$ | 3,778.00 |
| ulate your monthly net income. | | | |
| Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 3,866.00 |
| Copy your monthly expenses from line 22c above. | 23b. | -\$ | 3,778.00 |
| | | | |
| Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. | \$ | 88.00 |
| xample, do you expect to finish paying for your car loan within the year or do you expect yo | | | e or decrease because of |
| | | | |
| o. Eynlain here: | | | |
| | Felicia Ann Rezek ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: Cable and Internet Call Phone d and housekeeping supplies dcare and children's education costs hing, laundry, and dry cleaning onal care products and services ical and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments. rtainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Other insurance. Specify: Renter's Insurance Use in insurance of the insurance. Specify: Other. Specify: | Teleicia Ann Rezek Electricity, heat, natural gas Electricity, heat, natural gas Electricity, heat, natural gas Mater, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Cher. Specify: Cable and Internet Total and housekeeping supplies Totacare and children's education costs Shing, laundry, and dry cleaning Gonal care products and services Incial and dental expenses In | Ides: Ides: |

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| Fill in this infor | mation to identify your | ase. | | | |
|---------------------------------|----------------------------|---|---|--|--|
| Debtor 1 | | | | | |
| Deptor 1 | Joseph William R | | | | |
| Dobtor 2 | | Middle Name Last Name | | | |
| Debtor 2 (Spouse if, filing) | Felicia Ann Rezek | Middle Name Last Name | | | |
| (Spouse II, IIIIIIg) | i iist ivailie | Mildule Name Last Name | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | | | |
| Case number | | | | | |
| (if known) | | | ☐ Check if this is an amended filing | | |
| obtaining mone | | e bankruptcy schedules or amended schedules. Making a connection with a bankruptcy case can result in fines up to 19, and 3571. | | | |
| Sig | n Below | | | | |
| Did you pa | y or agree to pay some | ne who is NOT an attorney to help you fill out bankruptcy | forms? | | |
| ■ No | | | | | |
| ☐ Yes. I | Name of person | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) | | |
| | alty of perjury, I declare | hat I have read the summary and schedules filed with this | declaration and | | |
| X <u>/s/</u> Jos | seph William Rezek | X /s/ Felicia Ann Rezel | K | | |
| Josep | h William Rezek | Felicia Ann Rezek | | | |
| Signatu | re of Debtor 1 | Signature of Debtor 2 | | | |
| Date | November 9, 2017 | Date November 9. 2 | 2017 | | |

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| Fill | in this info | rmation to identify your | case: | | | | | | |
|--------------------|---|---|---|--|---|---|--|--|--|
| Del | otor 1 | Joseph William Rezek | | | | | | | |
| | | First Name | Middle Name | Last Name | | | | | |
| | otor 2 use if, filing) | Felicia Ann Reze | Middle Name | Last Name | | | | | |
| | | | | | | | | | |
| Uni | ted States E | Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | | | | |
| | se number own) | | | | _ | heck if this is an mended filing | | | |
| Sta | atemer | | | duals Filing for E | | 4/16 | | | |
| info num | rmation. If ber (if kno | more space is needed, wn). Answer every ques | attach a separate sheet to tion. | this form. On the top of ar | e equally responsible for sup ny additional pages, write you | | | | |
| Par | t 1: Give | Details About Your Ma | rital Status and Where Yo | u Lived Before | | | | | |
| 1. | What is yo | our current marital statu | s? | | | | | | |
| | ■ Marrie | ed parried | | | | | | | |
| 2. | During the | e last 3 years, have you | ast 3 years, have you lived anywhere other than where you live now? | | | | | | |
| | ■ No □ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | | | |
| | Debtor 1 | Prior Address: | Dates Debtor 1 lived there | Debtor 2 Prior A | ddress: | Dates Debtor 2 lived there | | | |
| 3. state | | | | | nity property state or territory Rico, Texas, Washington and W | | | | |
| | ■ No | | | | | | | | |
| | ☐ Yes. | Make sure you fill out Sch | edule H: Your Codebtors (C | Official Form 106H). | | | | | |
| Par | t 2 Exp | lain the Sources of You | r Income | | | | | | |
| 4. | Fill in the to | otal amount of income you | received from all jobs and | ng a business during this y all businesses, including par ve together, list it only once u | | ndar years? | | | |
| | □ No | | | | | | | | |
| | _ | Fill in the details. | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | |
| | | | ■ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | |

Official Form 107

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Debtor 1 Joseph William Rezek
Debtor 2 Felicia Ann Rezek

Debtor 2 Case number (if known)

| | Debtor 1 | | Debtor 2 | |
|---|---|--|--|---|
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | \$1.00 |
| | ☐ Operating a business | | Operating a business | |
| For last calendar year: (January 1 to December 31, 2016) | ■ Wages, commissions, bonuses, tips | \$49,686.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | ☐ Operating a business | | ☐ Operating a business | |
| | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | \$15,585.00 |
| | ☐ Operating a business | | Operating a business | |
| For the calendar year before that: (January 1 to December 31, 2015) | ■ Wages, commissions, bonuses, tips | \$65,009.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | ☐ Operating a business | | ☐ Operating a business | |
| | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | ☐ Operating a business | | Operating a business | |
| 5. Did you receive any other incon Include income regardless of where and other public benefit payments winnings. If you are filing a joint call List each source and the gross income No Yes. Fill in the details. | ther that income is taxable. Exa; pensions; rental income; inter see and you have income that your from each source separa | amples of other income are a rest; dividends; money collection received together, list it of the collection in the collection of the colle | ted from lawsuits; royalties; an inly once under Debtor 1. | |
| | Debtor 1 Sources of income | Cross income from | Debtor 2 | Crass income |
| | Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) |
| Part 3: List Certain Payments Yo | u Made Before You Filed for | Bankruptcy | | |
| | 2's debts primarily consume Debtor 2 has primarily consu a personal, family, or househo | umer debts. Consumer debts | s are defined in 11 U.S.C. § 10 | 01(8) as "incurred by an |
| ☐ No. Go to line☐ Yes List below | fore you filed for bankruptcy, di 7. each creditor to whom you pai creditor. Do not include paymer | d a total of \$6,425* or more in | n one or more payments and t | |

not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

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| | elicia Ann F | am Rezek Rezek | | Cas | e number (if known) | |
|--|--|---|---|---|---|---|
| ■ Yes. | | | ve primarily consumer de d for bankruptcy, did you p | | ıl of \$600 or more? | ? |
| | □ _{No.} | Co to line 7 | | | | |
| | ■ Yes | | domestic support obligation | | | you paid that creditor. Do not Also, do not include payments |
| Creditor | 's Name and | l Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| 2527 Ca | of The West amino Ram mon, CA 9 | ion | Monthly | \$397.00 | \$25,107.00 | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other |
| Pnc Ba Po Box Pittsbu | | 230 | Monthly | \$401.00 | \$20,705.00 | ☐ Mortgage ■ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other |
| | Finance | MI 48333 | Monthly | \$397.00 | \$8,631.00 | ☐ Mortgage ■ Car ☐ Credit Card |
| | gton milis, | | | | | ☐ Loan Repayment☐ Suppliers or vendors☐ Other |
| Within 1 y Insiders in of which y a busines alimony. No Yes. | year before on clude your report of the control of | elatives; any general pa ficer, director, person in e as a sole proprietor. 1 nents to an insider. | control, or owner of 20% of 1 U.S.C. § 101. Include pa | neral partners; partne or more of their voting syments for domestic | erships of which yog g securities; and an support obligation | Suppliers or vendors Other was an insider? u are a general partner; corpony managing agent, including s, such as child support and |
| Within 1 y Insiders in of which y a busines alimony. No Yes. | year before on the property of | elatives; any general pa ficer, director, person in e as a sole proprietor. 1 nents to an insider. | rtners; relatives of any ger control, or owner of 20% of | neral partners; partne or more of their voting | erships of which you securities; and a | Suppliers or vendors Other was an insider? us are a general partner; corporate managing agent, including |
| Within 1 Insiders in of which ye a busines alimony. No Yes. Insider's Within 1 insider? Include pa | year before on clude your report of the policy of the poli | elatives; any general pa ficer, director, person in e as a sole proprietor. 1 ments to an insider. Address you filed for bankrupto debts guaranteed or cos | rthers; relatives of any ger control, or owner of 20% of 1 U.S.C. § 101. Include pa Dates of payment | neral partners; partners more of their voting syments for domestic Total amount paid | erships of which you go securities; and an support obligation Amount you still owe | Suppliers or vendors Other was an insider? u are a general partner; corpony managing agent, including s, such as child support and |
| Within 1 ! Insiders in of which y a busines alimony. No Yes. Insider's Within 1 ! insider? Include pa | year before on clude your report of the policy of the poli | elatives; any general particer, director, person in e as a sole proprietor. 1 ments to an insider. Address you filed for bankruptor debts guaranteed or cost ments to an insider | rthers; relatives of any ger control, or owner of 20% of 1 U.S.C. § 101. Include pa Dates of payment | neral partners; partners more of their voting syments for domestic Total amount paid | erships of which you go securities; and an support obligation Amount you still owe | Suppliers or vendors Other was an insider? Our are a general partner; corporny managing agent, including s, such as child support and Reason for this payment |

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| | Debtor 2 Joseph William Rezek Felicia Ann Rezek | | Case number (| Case number (if known) | | |
|-----|---|--|--------------------------|-------------------------------|--------------------------|-----------------------|
| Pai | rt 4: | Identify Legal Actions, Repossessions, | and Foreclosures | | | |
| 9. | List al | n 1 year before you filed for bankruptcy, I such matters, including personal injury ca cations, and contract disputes. | | | | |
| | _ | No Yes. Fill in the details. | | | | |
| | Case | title number | Nature of the case | Court or agency | Status of th | e case |
| 10. | | n 1 year before you filed for bankruptcy, all that apply and fill in the details below. | was any of your prope | rty repossessed, foreclosed, | garnished, attached | l, seized, or levied? |
| | | No. Go to line 11. | | | | |
| | ■ Y | es. Fill in the information below. | | | | |
| | Cred | itor Name and Address | Describe the Property | | Date | Value of the |
| | | E | Explain what happened | | | property |
| | Add | ********* ress******* | Repo'd vehicle? | | 04/17 | Unknown |
| | | _ | Property was reposses | ssed. | | |
| | | | Property was foreclose | | | |
| | | | ☐ Property was garnishe | | | |
| | | I | ☐ Property was attached | d, seized or levied. | | |
| 11. | accor | n 90 days before you filed for bankruptc unts or refuse to make a payment becau No Yes. Fill in the details. | | uding a bank or financial ins | titution, set off any a | mounts from your |
| | Cred | itor Name and Address | Describe the action the | creditor took | Date action was taken | Amount |
| 12. | | n 1 year before you filed for bankruptcy, -appointed receiver, a custodian, or ano | | rty in the possession of an a | ssignee for the bene | fit of creditors, a |
| | _ | No You | | | | |
| | | es . | | | | |
| Pai | rt 5: | List Certain Gifts and Contributions | | | | |
| 13. | | n 2 years before you filed for bankruptcy | , did you give any gifts | with a total value of more th | an \$600 per person? | • |
| | | es. Fill in the details for each gift. | Describe the citte | | Datas vav sava | Value |
| | | with a total value of more than \$600 person | Describe the gifts | | Dates you gave the gifts | Value |
| | Perse Addr | on to Whom You Gave the Gift and ress: | | | | |
| 14. | I | n 2 years before you filed for bankruptcy | | or contributions with a total | value of more than | \$600 to any charity? |
| | | 'es. Fill in the details for each gift or contrib or contributions to charities that total | Describe what you | contributed | Dates you | Value |
| | more Char | e than \$600 ity's Name ess (Number, Street, City, State and ZIP Code) | Describe what you | Conditionica | contributed | value |

1

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| | otor 1 otor 2 | Joseph William Rezek Felicia Ann Rezek | | Cas | se number (i | f known) | |
|-----|-----------------------------|--|--------------------------|---|--------------|-------------------------------------|-------------------------|
| Par | t 6: | List Certain Losses | | | | | |
| 15. | | n 1 year before you filed for bank mbling? | ruptcy or | since you filed for bankruptcy, did you | ı lose anyth | ning because of the | t, fire, other disaster |
| | | No Yes. Fill in the details. | | | | | |
| | | cribe the property you lost and the loss occurred | Include | the amount that insurance has paid. List ce claims on line 33 of Schedule A/B: Pro | pending | Date of your loss | Value of property loss |
| Par | t 7: | List Certain Payments or Transfe | ers | | | | |
| 16. | cons | ulted about seeking bankruptcy o | r preparin | d you or anyone else acting on your beg a bankruptcy petition? s, or credit counseling agencies for service | | | rty to anyone you |
| | _ | No Yes. Fill in the details. | | | | | |
| | Pers Addi Ema | on Who Was Paid | t You | Description and value of any propert transferred | ey . | Date payment or transfer was made | Amount of payment |
| | Ledi 105 23rd Chic | ford, Wu & Borges, LLC W. Madison I Floor cago, IL 60602 ce@billbusters.com | | \$1,900.00 paid for Attorney Fee | | September 2017 | \$1,900.00 |
| 17. | prom | | reditors or | d you or anyone else acting on your be to make payments to your creditors? ed on line 16. | | transfer any prope | rty to anyone who |
| | | No Yes. Fill in the details. | | | | | |
| | Pers Addi | on Who Was Paid ress | | Description and value of any propert transferred | ty . | Date payment or transfer was made | Amount of payment |
| 18. | Includinclud | ferred in the ordinary course of y de both outright transfers and transfe de gifts and transfers that you have a No | our busine ers made a | s security (such as the granting of a secu | | | |
| | | Yes. Fill in the details. on Who Received Transfer ress | | property transferred | | ny property or received or debts | Date transfer was made |
| | Pers | on's relationship to you | | | | 9- | |
| 19. | benef | n 10 years before you filed for ba ficiary? (These are often called ass No | | did you transfer any property to a self- on devices.) | -settled tru | st or similar device | of which you are a |
| | | Yes. Fill in the details. e of trust | | Description and value of the property | y transferre | ed | Date Transfer was made |

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Debtor 1 Joseph William Rezek
Debtor 2 Felicia Ann Rezek

Case number (if known)

| Pai | t 8: List of Certain Financial Accounts, I | nstruments, Safe Depos | it Boxes, and Sto | orage Units | s | |
|-----|---|--|-----------------------------|-------------|--|---|
| 20. | Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asset No | or other financial accou | unts; certificates | of deposit | | , , |
| | Yes. Fill in the details. | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of accou instrument | int or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 cash, or other valuables? | year before you filed fo | or bankruptcy, an | ıy safe dep | osit box or other deposi | tory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had ac Address (Number, State and ZIP Code) | | Describe t | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit ■ No □ Yes. Fill in the details. | or place other than you | ır home within 1 | year befor | e you filed for bankruptc | y? |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or to it? Address (Number, State and ZIP Code) | | Describe t | the contents | Do you still have it? |
| Pai | t 9: Identify Property You Hold or Contro | | | | | |
| 23. | Do you hold or control any property that s for someone. | omeone else owns? Inc | lude any propert | y you borr | owed from, are storing fo | or, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the pro (Number, Street, City, Code) | | Describe t | the property | Value |
| Pai | t 10: Give Details About Environmental In | formation | | | | |
| For | the purpose of Part 10, the following defini | tions apply: | | | | |
| | Environmental law means any federal, stat toxic substances, wastes, or material into regulations controlling the cleanup of thes | the air, land, soil, surface | ce water, ground | • . | | |
| | Site means any location, facility, or proper to own, operate, or utilize it, including disp | | environmental la | aw, whethe | er you now own, operate | , or utilize it or used |
| | Hazardous material means anything an en hazardous material, pollutant, contaminan | | as a hazardous | waste, haz | zardous substance, toxic | substance, |
| Rep | ort all notices, releases, and proceedings t | hat you know about, reg | ardless of when | they occu | rred. | |
| 24. | Has any governmental unit notified you the | at you may be liable or p | ootentially liable | under or ir | n violation of an environn | nental law? |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental un Address (Number, ZIP Code) | | | onmental law, if you it | Date of notice |
| | | | | | | |

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Debtor 1 Joseph William Rezek
Debtor 2 Felicia Ann Rezek

Case number (if known)

| 25. | Hav | ve you notified any governmental unit of | any rel | ease of ha | zardous material? | | | |
|-------|-------------|---|----------------------------------|---|--|-----------------|--------------------------------------|--------------------|
| | | No | | | | | | |
| | | Yes. Fill in the details. | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Α | Governmer Address (No IP Code) | ntal unit umber, Street, City, State an | | Environmental law, if you know it | Date of notice |
| 26. | Hav | ve you been a party in any judicial or adm | ninistra | itive proce | eding under any env | ironm | nental law? Include settlements | and orders. |
| | | No Yes. Fill in the details. | | | | | | |
| | | se Title se Number | N A | Court or ag Name Address (No State and ZIP (| umber, Street, City, | Nati | ure of the case | Status of the case |
| Par | 111: | Give Details About Your Business or | Connec | ctions to A | ny Business | | | |
| 27. | Wit | hin 4 years before you filed for bankrupt | cy, did | you own a | a business or have a | ny of | the following connections to any | / business? |
| | | ■ A sole proprietor or self-employed in | n a trad | le, profess | sion, or other activity | , eithe | er full-time or part-time | |
| | | ☐ A member of a limited liability comp | any (LL | LC) or limi | ted liability partnersh | nip (LI | LP) | |
| | | ☐ A partner in a partnership | | | | | | |
| | | ☐ An officer, director, or managing exe | cutive | of a corpo | oration | | | |
| | | ☐ An owner of at least 5% of the voting | g or equ | uity securi | ities of a corporation | | | |
| | | No. None of the above applies. Go to P | art 12. | | | | | |
| | | Yes. Check all that apply above and fill | in the o | details bel | ow for each busines | s. | | |
| | | siness Name | Descr | ibe the na | ture of the business | | Employer Identification numbe | |
| | | dress mber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | | Do not include Social Security Dates business existed | number or ITIN. | | |
| | | laRoe | Multil | level mar | keting - Clothing | | EIN: | |
| | | 0 E. Parkridge Avenue orona, CA 92879 | | | | | From-To 2016-2017 | |
| 28. | | hin 2 years before you filed for bankrupt itutions, creditors, or other parties. | cy, did | you give a | a financial statement | to an | yone about your business? Inclu | ude all financial |
| | | No | | | | | | |
| | | Yes. Fill in the details below. | | | | | | |
| | Ad | me dress mber, Street, City, State and ZIP Code) | Date I | ssued | | | | |
| Par | | Sign Below | | | | | | |
| are t | rue a ba | ead the answers on this Statement of Fin and correct. I understand that making a ankruptcy case can result in fines up to S c. §§ 152, 1341, 1519, and 3571. | false st | tatement, d | concealing property, | or ob | taining money or property by fra | |
| | | | | /s/ Eali | cia Ann Rezek | | | |
| Jos | epl | eph William Rezek n William Rezek ıre of Debtor 1 | | Felicia | Ann Rezek Ann Rezek ire of Debtor 2 | | | |
| Dat | e | November 9, 2017 | | Date | November 9, 2017 | 7 | | |
| Did ; | | attach additional pages to Your Stateme | nt of Fi | inancial A | ffairs for Individuals | Filing | for Bankruptcy (Official Form 1 | 07)? |

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☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this infor | Fill in this information to identify your case: | | | | |
|---------------------|---|-------------------|-------------|-----------------------|--|
| Debtor 1 | Joseph William R | Rezek | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Felicia Ann Reze | k | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | ☐ Check if this is an | |
| | | | | amended filing | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|--|---|
| Creditor's Pnc Bank | ■ Surrender the property. | ■ No |
| name: | ☐ Retain the property and redeem it. | _ |
| Description of property miles securing debt: 2015 Volkswagen Jetta 46000 miles Value per NADA | □ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]: | ☐ Yes |
| Creditor's Td Auto Finance | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | _ |
| Description of property securing debt: 2015 Jeep Compass 15000 miles Value per NADA | Retain the property and enter into a Reaffirmation Agreement.Retain the property and [explain]: | ■ Yes |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

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| Debtor 1 Debtor 2 | Joseph William Rezek Felicia Ann Rezek | Case number (if known) |
|----------------------|--|---|
| | | |
| Lessor's n | ame: n of leased | □ No |
| Property: | Torrodocu | ☐ Yes |
| Lessor's n | ame: n of leased | □ No |
| Property: | Torreased | ☐ Yes |
| Lessor's n | | □ No |
| Property: | n of leased | ☐ Yes |
| Lessor's n | | □ No |
| Property: | n of leased | ☐ Yes |
| Lessor's n | | □ No |
| Property: | n of leased | ☐ Yes |
| Lessor's n | | □ No |
| Property: | n of leased | ☐ Yes |
| Lessor's n | | □ No |
| Property: | n of leased | ☐ Yes |
| Part 3: | Sign Below | |
| Under pen | alty of perjury, I declare that I have indicate that is subject to an unexpired lease. | d my intention about any property of my estate that secures a debt and any personal |
| | oseph William Rezek | X /s/ Felicia Ann Rezek |
| | ph William Rezek | Felicia Ann Rezek |
| Signa | ature of Debtor 1 | Signature of Debtor 2 |
| Date | November 9, 2017 | Date November 9, 2017 |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-37937 Doc 1 Filed 12/22/17 Entered 12/22/17 14:40:32 Desc Main Document Page 50 of 57

B2030 (Form 2030) (12/15)

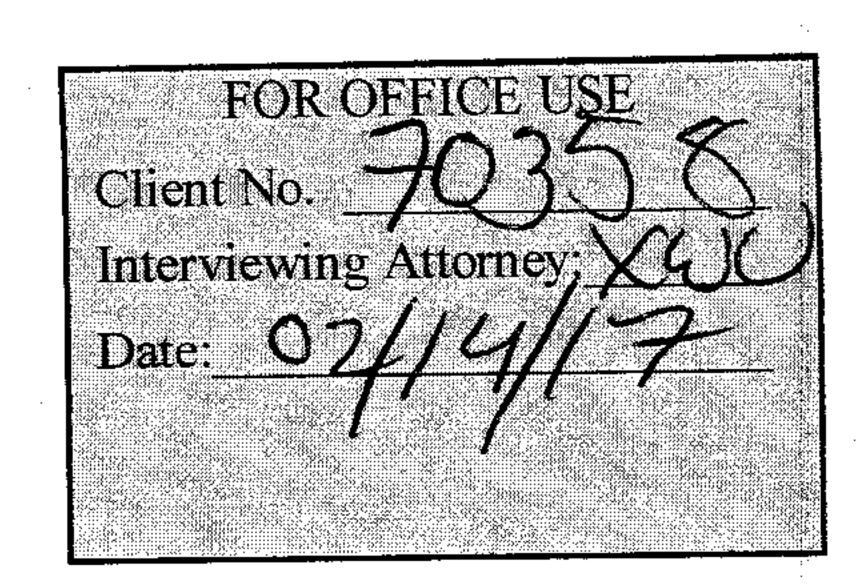
United States Bankruptcy CourtNorthern District of Illinois

| In re | Joseph William Rezek Felicia Ann Rezek | | Case No | | |
|-------------|---|--|--|--|---------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPEN | NSATION OF ATTO | RNEY FOR D | EBTOR(S) | |
| (| Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | |
| | For legal services, I have agreed to accept | | \$ | 1,900.00 | |
| | Prior to the filing of this statement I have received | | \$ | 1,900.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. | \$_335.00 of the filing fee has been paid. | | | | |
| 3. ′ | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. ′ | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 5. | ■ I have not agreed to share the above-disclosed compe | ensation with any other person | unless they are men | nbers and associates of my la | w firm. |
| | ☐ I have agreed to share the above-disclosed compensa copy of the agreement, together with a list of the name | | | | n. A |
| 6. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | |
| 1 | a. Analysis of the debtor's financial situation, and render b. Preparation and filing of any petition, schedules, state c. Representation of the debtor at the meeting of credito d. [Other provisions as needed] Exemption planning; preparation and filing and filing of motions pursuant to 11 USC | ement of affairs and plan which rs and confirmation hearing, a ng of reaffirmation agree | h may be required; and any adjourned he ments and applic | earings thereof; | |
| 7.] | By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any dis- from one chapter to another; reopening a schedule or statement post-filing not dud debtors' failure to attend the meeting with | chargeability actions or a of a closed case; judicial e to Attorney's fault; and | iny other adversa lien avoidance; a attending additio | mending a petition, list, nal creditors' meetings d | |
| | | CERTIFICATION | | | |
| | I certify that the foregoing is a complete statement of any ankruptcy proceeding. | agreement or arrangement fo | r payment to me for | representation of the debtor(s | s) in |
| | ovember 9, 2017 tate | Is/ Xiaoming Wu Xiaoming Wu AR Signature of Attorne Ledford, Wu & B 105 W. Madison 23rd Floor Chicago, IL 6060 312-853-0200 Fa notice@billbuste Name of law firm | RDC #6274335 ey lorges, LLC 02 ax: 312-873-4693 | | |

Edicional Cordes, LLC

105 W. Madison, 23rd Floor, Chicago, IL 60602 (312)853-0200 Fax: (312)873-4693

CONSULTATION AGREEMENT



THIS AGREEMENT IS REQUIRED BY FEDERAL LAW (11 U.S.C. § 528(a))

- 1. Parties: In this contract, "Client" means the undersigned, both individually and jointly; "Attorney" means the law firm of Ledford, Wu & Borges, LLC and its staff attorneys.
- 2. Purpose: Client has requested the opportunity to consult with and obtain information and advice from Attorney concerning options for relief from debts, which may include filing bankruptcy. This agreement is for purposes of that consultation only.
- 3. Client's Duties: In order for Attorney to give meaningful advice, Client agrees to give accurate, honest, full and fair disclosure of financial information concerning income over the past three years from all sources, monthly living expenses, the type and amount of all debts (including names and addresses of all creditors), all assets and property owned by the client, wherever located and by whomever held, and any additional information determined by Attorney to be relevant.
- 4. Services: The attorney agrees to provide Client with the following services:
 - a. analyzing Client's financial circumstances based on information provided by Client;
 - b. to the extent possible, advising Client of bankruptcy options and non-bankruptcy options based on the information provided by Client;
 - c. if Client has not provided Attorney with sufficient information upon which to fully advise Client on Client's options, informing Client what additional information Client needs to provide in order to enable Attorney to provide such advice and information;
 - d. where applicable, advising Client of the requirements placed upon Client to file a bankruptcy; and

| | e. to the e | extent possible | e, quoting a f | fee for providin | g bankruptcy | and/or nonbar | nkruptcy as | ssistance to (| Client |
|--|--|---|---|---|---------------------------------------|-----------------------------------|-------------------------------|-------------------------------------|--|
| 5. Fees | s (check one | e): | | | | | | | |
| FR | A consulta relationship | tion fee will shall termin | be waived ate at the cor | if Client decided and the of the | les not to re interview | tain Attorney, | in which | case the att | torney-client |
| · | Client agre | es to pay \$ | in r | nonrefundable (| consultation f | ee | | | · · |
| the cas Client of the p 6. Ack Client | se, and a new and Attorney parties' oblighed series is the date of | y written con y, which shal gations and a noted above, | tract, as well supersede the breakdown of that Attended | this consultation as a Court-Application agreement. In the costs. It is that the first date or ney provided the Bankruptcy. | The new agrate upon which Client with | eement(s) will ch Attorney pro | nt if applicalso provided any | able, must le a detailed bankruptcy | be signed by l explanation assistance to |
| x <u>}</u> | Jilian | Rey | X/ | X | | | Date: | 2 / 14 | / 17 |
| Attorn | ey Signature | | | ARDC | ; #: | <u>,</u> | Copyright © 20 | 015 Ledford, W | /u & Borges, LL |

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Disclosure Pursuant to 11 U.S.C. §527(a)(2)

You are notified:

- 1. All information that you are required to provide with a petition and thereafter during a case under the Bankruptcy Code is required to be complete, accurate, and truthful.
- 2. All assets and all liabilities are required to be completely and accurately disclosed in the documents filed to commence the case. Some places in the Bankruptcy Code require that you list the replacement value of each asset. This must be the replacement value of the property at the date of filing the petition, without deducting for costs of sale or marketing, established after a reasonable inquiry. For property acquired for personal, family, or household use, replacement value means the price a retail merchant would charge for property of that kind, considering the age and condition of the property.
- 3. The following information, which appear on Official Form 22, Statement of Current Monthly Income, are required to be stated after reasonable inquiry: current monthly income, the amounts specified in section 707(b)(2), and, in a case under chapter 13 of the Bankruptcy Code, disposable income (determined in accordance with section 707(b)(2)).
- 4. Information that you provide during your case may be audited pursuant to provisions of the Bankruptcy Code. Failure to provide such information may result in dismissal of the case under this title or other sanction, including criminal sanctions.

IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE SERVICES FROM AN ATTORNEY OR BANKRUPTCY PETITION PREPARER

If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. THE LAW REQUIRES AN ATTORNEY OR BANKRUPTCY PETITION PREPARER TO GIVE YOU A WRITTEN CONTRACT SPECIFYING WHAT THE ATTORNEY OR BANKRUPTCY PETITION PREPARER WILL DO FOR YOU AND HOW MUCH IT WILL COST. Ask to see the contract before you hire anyone.

The following information helps you understand what must be done in a routine bankruptcy case to help you evaluate how much service you need. Although bankruptcy can be complex, many cases are routine.

Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents called a Petition, Schedules and Statement of Financial Affairs, as well as in some cases a Statement of Intention need to be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you will have to attend the required first meeting of the creditors where you may be questioned by a court official called a 'trustee' and by creditors.

If you choose to file a chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a chapter 13 case in which you repay your creditors what you can afford over 3 to 5 years, you may also want help with preparing your chapter 13 plan and with the confirmation hearing on your plan which will be before a bankruptcy judge.

If you select another type of relief under the Bankruptcy Code other than chapter 7 or chapter 13, you will want to find out what should be done from someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only attorneys, not bankruptcy petition preparers, can give you legal advice.

| Received on: 2.14-17 | Signed: Folicia Zulie Ryk |
|----------------------|---------------------------|
| | Print Name: Felicia Rezek |
| | Signed: |
| | Print Name: |

LEDFORD, WU & BORGES, LLC

105 W. Madison, 23rd Floor, Chicago, IL 60602

ATTORNEY RETENTION CONTRACT

FOR OFFICE USE (7) Responsible attorney:

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(312) 853-0200 Fax: (312) 873-4693

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|---|-----------------|---|
| | i | |
| . Parties. In this contract, "Client" means the undersigned, both individually and jointly; "Attorney" means the law firm of | Ledford, Wu | 2 |
| Rorges LLC and its staff attorneys. This contract shall supersede any prior contracts and agreements between the parties to the | ne extent of ar | 1 |

| | nconsistencies. | |
|---|--|-------------|
| | | |
| ; | 2. Services and Fees: Client retains Attorney for the following services: Chapter 7: (Split Fee): Client retains Attorney to counsel and represent Client for all purposes in the bankruptcy case, subject to exceptions section 3. However, Attorney's representation of Client is conditioned on Client entering into an agreement after the filing of the case to patterney for services rendered after the filing of the case. Should Client fail to enter into such an agreement, the court may allow Attorney | pay |
| , | with draw from representation of Client on motion of Attorney. | |
| | Pro filing Legal Fees \$ Pre-filing Expenses \$ Filing Fee \$335.00/Installments: Total Pre-Filing \$ | |
| | It is anticipated that Client will enter into a post-filing agreement with Attorney for representation through bankrupicy discharge. The | ent |
| | acknowledges that there is no obligation to enter into such an agreement and that any anticipated fees are not agreed to at this time. | |
| | Apricipated Post-Filing Fees & Expenses (A separate post-filing contract is required): \$ | |
| • | Chapter 7 (Complete fee): \$ \(\frac{100}{00} \) \(\text{PLUS \$335 filing fee (court cost): Total Pre-Filing \$ \(\frac{100}{00} \) | |
| | Anticipated Post-Filing Fees & Expenses (A separate post-filing contract is required): \$ | |
| | The legal fee is an Madvance nayment retainer. Li security retainer. Li classic retainer, and is a flat fee unless other rise surfer. The | ney |
| | is unable to represent Client with a classic or security retainer, as that would be within the reach of Client's creditors. Should nourly billing | 300 |
| | necessary, Attorney's billing rates are \$350-\$400/hour for partners, \$300/hour for associates, and \$90/hour for law clerks. The filing fee, expens | ises |
| | and billing rates subject to change at any time. | |
| | The level fee covers the initial consultation and all subsequent work agreed to above. All fees above are to be paid in full before filling, I | Γhe |
| | asso may be closed if the fees are not paid timely. Additional legal fees and court costs may apply, and a separate contract may be required, | ı, ın |
| | the executive of conversion from one chapter to another, amending required documents, attending additional creditors' meetings, reopening of | or a |
| | closed case, unnecessary work caused by Client's delay, or any other fact not known to Attorney in writing at the time of the initial consultations. | tion |
| | that complicates the case. NSF checks will be assessed a \$30 fee. | |
| | - | |
| | 3. Scope of Representation:(a) Attorney will counsel and represent Client in all aspects of the above matter as elected in Paragraph 2 EXCEPT: (1) adversary proceeding | ngs; |
| | (a) Attorney will counsel and represent Chefit in an aspects of the doctor interest and represent Chefit in an aspects of the doctor interest and represent Chefit in an aspects of the doctor interest and represent Chefit in an aspects of the doctor interest and represent Chefit in an aspects of the doctor interest and represent Chefit in an aspects of the doctor interest and represent Chefit in an aspects of the doctor interest and represent Chefit in an aspects of the doctor interest and represent Chefit in an aspects of the doctor interest and represent Chefit in an aspect of the doctor in an aspect and represent Chefit in an aspect of the doctor in a section | • |
| | (b) Attorney may agree, but is not obligated, to represent Client in the above excluded matters for an additional fee, to be agreed upon separate | itely |
| | (b) Aftorney may agree, but is not congated, to represent extent in the doctors are accounted as the position with a congrete retention agreement | • |
| ľ | by the parties with a separate retention agreement. | |
| ļ | 4. Initial Consultation. Client acknowledges that Attorney has explained the following (please initial): | |
| ١ | The options of Chapter 7 and Chapter 13 and that Client has made the choice identified in Paragraph 2 | |
| l | The concepts of exemption, discharge and dischargeability, and pre-filing and post-filing procedures | |
| ١ | The difference among various types of retainer and that Client has made the choice identified in Paragraph 4 TIME IS OF THE ESSENCE. Any delay on Client's part may disqualify Client for the type of relief elected or otherwise advers | selv |
| l | affect Client's case. Attorney may not be able to file the case, or take other necessary actions, until all requested documents and | d/or |
| | affect Chent's case. Attorney may not be able to fue the case, or take other necessary actions, and that requested as a certificate of credit counseling, are received by Attorney | |
| Ì | Client understands that the advice given during the initial consultation is preliminary and based on the information available at the time, and r | mav |
| ļ | Change as the case is further analyzed, more facts discovered, or Client's circumstances or the law changed. | |
| L | | |
| | 5. Client's Duties. Client agrees, during the course of representation, to: | |
| | (a) provide Attorney with full, accurate and timely information, financial and otherwise; | |
| | (b) follow Attorney's procedures and cooperate with Attorney in providing requested documents; | |
| | (c) promptly inform Attorney of any change of address, phone number, e-mail address or employment, or activation of military duty; (d) inform Attorney before buying, selling, refinancing or transferring any real or personal property in which Client has an interest, and before buying. | efore |
| | (d) inform Attorney before buying, sening, remaining of transferring any real of personal property in which cherk has an incurring any debt, including but not limited to applying for any loan, credit card or line of credit, or using an existing credit card; and | |
| | (e) promptly inform Attorney if Client becomes entitled to an inheritance, an asset as a result of a property settlement agreement with Client | ent's |
| | (e) promptly inform Attorney if Chefit becomes entitled to an inheritance, an asset as a result of a property state of a prope | |
| | spouse or a divorce decree, me insurance proceeds, or a monetary judgment, award or settlement. | more |
| | 6. Co-counsel. Client understands that more than one attorney may work on this case. Where necessary, Client agrees to employ one or may be a state of the case. We would be the case. | etina |
| | of the following outside counsel, at Attorney's expense, to work on this case: Kathleen W. Vaught, Kelly M. Johnson, Wayne J. Skelton, Chris | Julia |
| | Banyon, David Hall Carter, Derek Lofgren and/or | |
| | 7. Termination. Client may discharge Attorney at any time, subject to payment of any fee owed for the services already rendered. Attorney at any time, subject to payment of any fee owed for the services already rendered. Attorney at any flet fee f | for a |
| | may terminate the representation as permitted by the Illinois Rules of Professional Conduct and Local Bankruptcy Rules. Any flat fee f | f tha |
| | bankruptcy case is advance payment for future services, becomes Attorney's property upon receipt, and is nonrefundable upon filing of | , will |
| | petition. In the event the representation is terminated by either party before filing and Client has paid Attorney more than \$300, Attorney | will |
| | provide Client with a detailed itemization of the services rendered in support of any fee charged at the rate set forth in Paragraph 2, Client provide Client with a detailed itemization of the services rendered in support of any fee charged at the rate set forth in Paragraph 2, Client provides and Client authorizes Attorney to apply the first services are charged at the rate set forth in Paragraph 2, Client | filing |
| | reimburse Attorney for any expenses, including those that otherwise would be free of charge, and Client authorizes Attorney to apply the fire of the suppresses that have been incurred towards the attorney's fee, subject to the requirements set forth herein. | 5 |
| | fee and any payment for expenses that have not been incurred towards the attorney's fee, subject to the requirements set forth herein. | |
| | | |
| | x 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | (|
| | Attornov signatura: ARDC # | |
| | A PROPERTY OF THE PARTY OF THE | |

United States Bankruptcy Court Northern District of Illinois

| In re | Joseph William Rezek Felicia Ann Rezek | | Case No. | |
|-------|--|---|-----------------------------|----------------|
| | | Debtor(s) | Chapter 7 | |
| | VE | RIFICATION OF CREDITOR M | | |
| | | Number of | Creditors: | 23 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credit | tors is true and correct to | the best of my |
| Date: | November 9, 2017 | /s/ Joseph William Rezek | | |
| | | Joseph William Rezek | | |
| | | Signature of Debtor | | |
| Date: | November 9, 2017 | /s/ Felicia Ann Rezek | | |
| | | Felicia Ann Rezek | | |
| | | Signature of Debtor | | |

Bank Of The West 2527 Camino Ramon San Ramon, CA 94583

Chase Card Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850

Chase Card/Disney Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850

Citi Bank/Best Buy P.O.Box 6094 Sioux Falls, SD 57117

Citibank North America Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179

Comenity Bank/Victoria Secret Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Discover Financial Po Box 3025 New Albany, OH 43054

Discover Personal Loan Attn: Bankruptcy Po Box 30954 Salt Lake City, UT 84130

Dupage Medical Group 1100 W. 31st St. Suite 400 Downers Grove, IL 60545

Dupage Neonatology Associates P.O. Box 487 Hinsdale, IL 60522-0487

Dupage Valley Anes Ltd 185 Penny Dundee, IL 60118

Edward Hospital PO Box 4207 Carol Stream, IL 60197-4207

Edwards Hospital 801 S. Washington Blvd. Naperville, IL 60540

Kohls/Capital One Kohls Credit Po Box 3043 Milwaukee, WI 53201

Med Business Bureau 1460 Renaissance Dr #400 Park Ridge, IL 60068

Merchants Credit 223 W Jackson Blvd Ste 700 Chicago, IL 60606

Merchants Credit Guide/Kohl's PO Box 1407 Elmhurst, IL 60126

Midland Funding LLC PO Box 603 Oaks, PA 19456

OneMain Financial Attn: Bankruptcy Department 601 Nw 2nd St #300 Evansville, IN 47708

Physicians Immediate Care PO Box 8799 Carol Stream, IL 60197-8799

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Pnc Bank Po Box 3180 Pittsburgh, PA 15230

Syncb/Toys "R" Us Po Box 965064 Orlando, FL 32896

Td Auto Finance Po Box 9223 Farmington Hills, MI 48333